



SITUS ADDRESS APPLICATION

SAN LUIS OBISPO COUNTY DEPARTMENT OF PLANNING AND BUILDING
976 OSOS STREET ♦ ROOM 200 ♦ SAN LUIS OBISPO ♦ CALIFORNIA 93408 ♦ (805) 781-5600

Promoting the Wise Use of Land ♦ Helping to Build Great Communities

ADDRESS APPLICATION FEE:

- ☐ \$123.00 – For addresses for new structures. Please send fee with the application.

SPECIFIC ADDRESS REQUEST:

Provide the following information:

- ☐ Fill out and submit a General Permit Application Form
- ☐ Assessor Parcel Number of the site to be addressed:

_____ - _____ - _____
** The Assessor Parcel Number is a nine digit number (e.g. 012-356-089) located on your tax bill. If you rent, please obtain this number from the property owner or from the County Assessor's Office.*

- ☐ The Assessor Parcel Map page containing the site, reduced to 8 ½" by 11" letter size. On the Assessor Parcel Map show:
- The location of all residences on the parcel (please label each residence with the name of the person(s) residing there and any existing address)
 - The location of all driveways between the residence(s) and the road (label road name)
 - North Arrow

These maps can be purchased at the County Assessor's office in the County Government Center or printed from the county web site. The Assessor's office staff can assist you in determining which maps are needed.

- ☐ Any other information that would be helpful.

OCCUPANT INFORMATION:

If the site is occupied by residents other than the landowner, please provide their names and addresses:

RESIDENT NAME: _____

MAILING ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

DAYTIME PHONE NUMBER: _____

General APPLICATION form

San Luis Obispo County Department of Planning and Building File No _____

APPLICATION TYPE CHECK ALL THAT APPLY

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Public Lot | <input type="checkbox"/> Voluntary Merger | <input type="checkbox"/> Certificate of Compliance | <input type="checkbox"/> Lot Line Adjustment |
| <input type="checkbox"/> Parcel Map | <input type="checkbox"/> Tract Map | <input type="checkbox"/> Receiving Site | <input type="checkbox"/> Sending Site |
| <input type="checkbox"/> Condominium (new or conversion) | <input type="checkbox"/> Road Abandonment | <input type="checkbox"/> Road Name | |
| <input type="checkbox"/> Reversion to Acreage | <input type="checkbox"/> Reconsideration | <input type="checkbox"/> Address | |

APPLICANT INFORMATION Check box for contact person assigned to this project

☐ Landowner Name _____ Daytime Phone _____
Mailing Address _____ Zip _____
Email Address: _____

☐ Applicant Name _____ Daytime Phone _____
Mailing Address _____ Zip _____
Email Address: _____

☐ Agent Name _____ Daytime Phone _____
Mailing Address _____ Zip _____
Email Address: _____

PROPERTY INFORMATION

Total Size of Site: _____ Assessor Parcel Number(s): _____

Legal Description: _____

Address of the project (if known): _____

Directions to the site (include gate codes)- describe first with name of road providing primary access to the site, then nearest roads, landmarks, etc.: _____

Describe current uses, existing structures, and other improvements and vegetation on the property: _____

PROPOSED PROJECT

Describe the proposed project (inc. size of all proposed parcels): _____

LEGAL DECLARATION

I, the owner of record of this property have completed this form accurately and declare that all statement here are true. I do hereby grant official representatives of the county authorization to inspect the subject property.

Property owner signature _____ Date _____

FOR STAFF USE ONLY

Minimum Parcel Size: _____ ☐ sq. feet ☐ acres ☐ by PAS? ☐ by Ordinance?